

REGISTRATION & ADMISSION FORM

ST. SOLDIER ELITE CONVENT SCHOOL

CHAWINDA DEVI, AMRITSAR.

Affiliated to C.B.S.E. Affiliation No. 1631067



Form No. _____

Adm. No. _____

Session _____

Class to which admission is sought _____

1. Name of Child (Block Letter) _____
2. Date of Birth _____ Age as on 1st April _____ Years _____ Months _____
3. Father's Name _____ Qualification _____
Occupation _____ Blood Group _____ Religion _____ Mother Tongue _____
4. Mother's Name _____ Qualification _____
Occupation _____ Blood Group _____ Religion _____ Mother Tongue _____
5. Family's Annual Income _____
6. Residential Address _____
Phone (R) _____ (O) _____ Mobile _____
7. School list attended _____ Class last attended _____
8. (a) Number of Brothers & Sisters _____
(b) Real Brother/Sister Studying in school
Name _____ Class / Section _____
(i) _____
(ii) _____
9. Admission strictly on merit, irrespective of caste and creed.
10. The pupil will not be interviewed or tested if
(a) Wrong information of any kind is given (b) Information is concealed (d) The form is incomplete
11. Admission can be cancelled and nullified even if at any later stage it is detected that wrong information was supplied by the parents or if information was concealed.
12. I have gone through the fee structure of School and I, agreed and satisfied with the facilities provided by school in this fee structure.
13. The school will not be liable to any damage / changes on account of any injury, fatal or otherwise which may be sustained by the student any time during his/her stay in school while playing sports/games or other type of activities inside or outside the school.

IMPORTANT :-

1. Aadhar Card of Parents and Child.
2. Previous class result card.
3. Please attach five stamp size photo.
4. Date of Birth Certificate.
5. Please attach S.L.C. of the previous school.
6. Test / Interview does not guarantee admission.
7. The decision of the admission committee shall be final and binding
8. Migration Certificate (if applicable).

I accepts to abide by all the rules and regulations of the school from time to time.

It is certified that information given above is all correct to my knowledge & belief.

Signature of the Parent / Guardians

FOR OFFICE USE ONLY

Called for Tests / Interview on _____ Result _____
Amount deposited for registration Rs. _____ Receipt No. _____ Dated _____
Amount deposited at the time of admission Rs. _____ Receipt No. _____ Dated _____

Signature of the Parent / Guardians

STUDENTS MEDICAL RECORD

NAME OF THE STUDENT _____

CLASS / SEC _____ CLASS TEACHER _____

D.O.B. _____ GENDER _____

WEIGHT _____ HEIGHT _____ FT. _____ INCHES _____

EYES _____

TEETH _____

EARS _____

BLOOD GROUP _____

CHILD'S ALLERGIES, IF ANY _____

ALLERGIES TO ANY PARTICULAR MEDICINE _____

HISTORY OF THE CHILD'S IMMUNISATION / INOCULATION PROGRAMME

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Kindly attach a copy of the inoculation or certificate to the medical card.

Any trauma suffered by the child in the past eg. Accidents, Major illness, Diseases, etc. which need a mention for our record ? please write a brief history _____

Kindly attach medical certificate or a copy of doctor's diagnosis report for our record)

Name and phone no. of family doctor / physician / pediatrician _____

Kindly attach a health certificate from a registered medical practitioner.

(Father's Signature) & Mobile No.:

(Mother's Signature) & Mobile No.:

Signature of the Principal